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Attorney Docket Number

DECLARATION	First Named Inven	tor	James M	ulvihill				
PATENT A	COMPLETE IF KNOWN							
(37 CFR 1.63)			Application Number					
Declaration	Declara	tion	Filing Date					
Submitted OR With Initial	Submitt	ad after Initial	Art Unit					
Filing	(37 ČFI require	R 1.16 (e)) d)	Examiner Name					
I hereby declare that:								
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
I believe the inventor(s) name							mod and for	
which a patent is sought on the				- subjet		IIICH IS CIAII		
Slide Out Trunk Space	e Storage S	ystem						
the specification of which	-	(Title of the	Invention)					
is attached hereto								
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OR			1					
_	YYY)		as United Sta	ates Ap	plication N	umber or P	CT International	
OR	YYY)	and was amended		ſ	plication No	umber or P	1	
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[Page 1 of 2] [Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has be	een filed	for thi	s unsign	ned inventor
Given Name					F	Family N	ame		
(first and middle [if any])				or Surname Mulvihill					
Inventoria									Date
Signature James a. Mulvihill								12/17/2003	
Residence: City	State			Country Citize				Citizer	•
ROYAL DAK	MICHIGAN			· ·					ITED STATES
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City	State			ZIP					Country
ROYAL DAK	MICHIGAN			48073			3		UNITED STATES
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name					F	amily Na	me		-
(first and middle [if any])				or Surname					
Inventor's Signature									Date
Residence: City	State			Cour				Cidinan	
Residence. Only	State			Country		Citizenship			
Mailing Address									
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Additional inventors or a legal rep	presentative are be	ing named on	n the s	suppleme	ental she	et(s) PTO	/SB/02A	or 02l R a	attached hereto.

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	official diffess it displays a valid OMB Control number.			
	Filing Date				
	First Named Inventor	James Mulvihill			
	Title	Slide Out Trunk Space Storage			
	Art Unit				
	Examiner Name				
	Attorney Docket Number	02-022.21			

I hereby appoint:					
Practitioners associated with the Customer Number:					
OR					
Practitioner(s) named be	low:				
	Name	Registration Number			
Heather A. Wakefield		53,732			
Bill Panagos		31,050			
Larry Shelton			45,1	00	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
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Country Telephone	United States				
I am the:	312-935-2000 Fax 312-935-2001				
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
	SIGNATURE of Applicant o		of Record		
Name JAMES	WOREW MULVILILL	_		 	
Signature Sames andrew Muliphill					
Date 11/26/20	Date 11/26/2003 Telephone 248 4A7 5616				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of forms are submitted.					

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